Approved for use through 7/31/2006, CMB 0661-0001

r	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876 Effective December 8, 2004								Application or Dockel Number		
L	-	APPLICATION	ON AS F (Column 1)	ILED - PAR	[(Calumn 2)	SMAL	L ENTITY	OR	ОТН	ER THAN LL ENTITY	
Ŀ	FOR	. W	UMBER FIL	ED M	MBER EXTRA	RATE (T)		.			
Ŀ	ASIC FEE 7 CFR 1.16(0), (b) EARCH FEE), or (c))	N/A N/A N/A N/A N/A Minus 20 = minus 3 = If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) for additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 C		N/A	N/A N/A N/A X\$ 25 X100	150.00 \$250		N/A N/A N/A N/A X\$50	300.00	
G	CER 1 16(M) (1).	or (m))			N/A.					\$500	
Ŀ	CFR. 1.16(q), (p)	(ox (a))			N/A		\$100	1		\$200	
ß	CFR 1.16(H)							٠, ا		\$200	
(3	DEPENDENT (<u>·</u>						OR .		<u>'</u>	
(3)	OFR 1.16(s))	is \$250 addition 35 U.S			or each				7200		
		VDENT CLAIM PR	+180=]	+360=	1				
. H,	the difference in	n column 1 is less	then zero, i	enter "O" in colum	TOTAL		7 '	TOTAL	1		
	API	PLICATION AS	S AMÉNI	DED – PART	H	•					
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						SMALL	ENTITY	OR	OTHER	THAN ENTITY	
AMENDMENT A	\$13/4 Total	REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADOI- TIONAL	
2	Independent	1.5	Minus	20	B	X\$ 25) .	OR	X\$50: =	FEE (S)	
2 12	COT CER LIQUI	2 22 550 4	Minus.	5	= (8	X100 =		1 -	(200	1	
₹	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT										
		;	CE DEPEND	ENT CLAIM (37 C	FR 1.16(0)	+180=		OR	+360=	1	
						TOTAL ADD'L FEE		OR A	OTAL DD'L FEE		
7		(Column 1) CLAIMS	, , , , , , , , , , , , , , , , , , , 	(Column 2)	(Column 3)	<u> </u>			٠ . ٦		
	Total	REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADOI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL .	
-	()7 CFR 1.10(1)		Minus.	••	*	X\$ 25 .			\$50 .	FEE (1)	
L	PT CFR LIGAR		Minus	***	3	X100 "			200 _		
H	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i))							OR A			
	FRST PRESENT	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	+180=		OR 1	360=			

The Tighest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Tighest Number Previously Paid For (Total or Independent) is the highest number (ound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.